PTOISBOS (08-03)
Approved for use through 7/31/2008, OMS 0851-0032
U.S. Petent and Tradement Office, U.S. DEPARTMENT OF COMMERCE to a collection of information arrives it displays a valid OMB control number.

N. DEF-CASE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMBE	NUMBER FILED		HOMBER EXTRA		RATE	FEE		RATE	FEE
	C FEE FR 1.10(42)	•	,					٠	OR		·
	FR 1.16(d)	12	minus 20	»· \ 20			x 8=	•	OR	x 80	
	PENDENT CLAD	is /	colour 3	minus 3 = 1 3			x \$=		OR	x 4o	
MOLTIPLE DEPENDENT CLAIM PRESENT (27 CFR 1.18(1))							+aa	•	OR	+=	
"If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
IC	(Column 2) (Column 3)					SMALL	ENTITY	OR	OTHÉR SMALL		
MTA		· CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI: TICHAL FEE		RATE	ADDI- TIONAL FEE
NDMENT	Total		Janes Y	10	" /		× 4		ÓR	x s	
	Independent profit 1400		4900				X 8		ORi	X 8 e	
AM		ATION OF MULTIPL	E DEPENDE	OT CLAIM (IT OF	R 1.15(4)		+:		OR	+ \$=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADDL FEE	
12	-16-06		•	(Columin 2)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 8) PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE
2	Total profit Fig. (g)	. /	Minus	- 20	•		×		ÒR	x s	
AMENDM	Independent OF CPR 1,1995	/	Minus	ۍ -	•	1	x 8=		OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM (\$7 CFR*1.16(d))						1	+6		OR	+•	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	•
S-/v-06 (Column 1) (Column 2) (Column 3)											
MC	·	CLAINS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADOI- TIONAL
ENDMENT	Total careers succes	1	Minus	· 20	• /		×4		OR	X 8	
I Z	independent par cire s.mog).	' /	Minus	· 1	10		× 8=		OR	x 8	·
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (AT CAR 1, 16(43))					1	+1=		OR	+ 5 -	
						-	TOTAL ADO'L FEE	·	OR	ADD'L FEE	
a Nitheaster is column 1 is loca than the entry in column 2 write "O" in column 3.											
"If the "Highest Number Proviously Paid For" IN THIS SPACE is toss than 20, enter "20". "If the "Highest Number Proviously Paid For" IN THIS SPACE is tess than 3, enter "2". "If the "Highest Number Proviously Paid For" IN THIS SPACE is tess than 3, enter "2".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate book in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to propess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 misrous to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. Time will vary depending upon the infolded case. Any comments in the ensured of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Citel information Officer, U.S. Palant and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND-FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.